SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



ATT fu Waived . New owner that didn't Construct
Structure.

Permit #: 18-0040 7-12-18 \$75 7-9-18 Date: Amount Paid: Refund:

Copy of Tax Statement

Checks are made pay DO NOT START CONS			The second secon		ED TO APP	LICANT.				FILL OUT	TIN INK (NO F	PENCIL)		
TYPE OF PERMIT I	REQUEST	TED→	□ LANI	O USE S	ANITAR	Y   PRIVY	□ c	CONDITION	NAL USE	☐ SPECIAL	USE B.C	D.A. 🗆	OTHER	
Owner's Name:	1	A []				ing Address:			ty/State/Z		LA	Telepho		0 17
Ald	len	All	en		111	2 Willow 6 State/Zip: Bayfield,	len	Dr. D	enha	m Springs	70726		5-99	5-50
Address of Property	<i>/</i> :	. 1	***		City/	State/Zip:			-1 0.1	, ' ()		Cell Pho	ne:	
S4050	5+	Hwy	13		J.	Bayfield,	<i>V</i>	UI S	4819	*		<u> </u>		
Contractor:					Cont	ractor Phone:	Plu	ımber:			Plumber Phone:			
Authorized Agent:	(Person Sigr	ning Appli	cation on behal	f of Owner(s))	Agen	it Phone:	Age	ent Mailing A	Address (ir	clude City/State	/Zip):		Authoriz	ation
												Attache	Attached ☐ Yes ☐ No	
PROJECT LOCATION Legal Description: (Use Tax Statement)									Recorded Doo					
LOCATION CONTRACT CON							_2017 6		5 165	005				
_5W_1/4, _1	<u>NW</u> 1	./4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM D	Doc# Lo	t(s) No.	Block(s) No.	Subdivision:			
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Address to send permit 34050 STATE HIEHWAY 13 BAYFIELD, WI 54814

#### Fill Out in Ink – NO PENCIL

Show Location of: **Proposed Construction** 

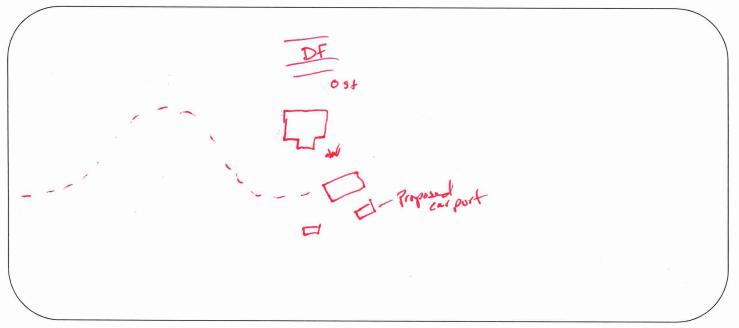
(2)Show / Indicate: North (N) on Plot Plan (3) Show Location of (\*):

(\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



#### Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Measurem	ent		Description	Measurement	
700 Feet			Setback from the Lake (ordinary high-water mark)		
650	Feet		Setback from the River, Stream, Creek	524	Feet
			Setback from the Bank or Bluff		Feet
620	Feet				
650	Feet		Setback from Wetland		Feet
300	Feet		20% Slope Area on the property	☐ Yes	□No
1020	Feet		Elevation of Floodplain	958	Feet
110	Foot		Cothooli to Mall		
			Setback to Well	/00	Feet
30	Feet				
	700 650 620 650 300	650 Feet 620 Feet 650 Feet 300 Feet 7020 Feet	700 Feet 650 Feet	706 Feet Setback from the Lake (ordinary high-water mark) 650 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 620 Feet 650 Feet Setback from Wetland 300 Feet 20% Slope Area on the property 620 Feet Elevation of Floodplain 40 Feet Setback to Well	706 Feet Setback from the Lake (ordinary high-water mark) 650 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 620 Feet Setback from Wetland 300 Feet 20% Slope Area on the property 1020 Feet Elevation of Floodplain 958 40 Feet Setback to Well 100

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from sly surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 32	14546	# of bedrooms: 2	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 18-0940	Permit Date: 7-18	7-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Record   Yes (Fused/Contigue)   Yes   Yes	ous Lot(s)) 🔀 No	Mitigation Required Mitigation Attached	☐ Yes 💥 No ☐ Yes 🂢 No	Affidavit Required ☐ Yes Mo Affidavit Attached ☐ Yes ▼No				
Granted by Variance (B.O.A.)  ☐ Yes No Case #:		Previously Granted by  Yes No		Case #:				
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	ATE	Were Property Line	es Represented by Owner Was Property Surveyed	□ Yes				
Inspection Record: ATF. Site inspection was unpermitted car-port	found	Zoning District ( A61 ) Lakes Classification ( )						
Date of Inspection: 6 26 18	Inspected by:	Notwood		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.)  Structure shall not be used for human habitation or Sleeping purposes. No pressorized water in structure without an approved connection to Powds, must meet and maintain set - backs.								
Signature of Inspector: Told Norwood				Date of Approval:				
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affic	davit: 🗌	Hold For Fees:					
ATF fee to be waive	don carp	ort permit s	Tince Alder Ju	1st purchased property				

Structure

City, Village, State or Federal Permits May Also Be Required After-the-Fact (waived)

LAND USE - X **SANITARY - 324546** SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

18-0240

Issued To:

Alden & Katherine Allen

Location:

SW 1/4 of NW 1/4 Section Less 2 A Par in SW Cor

Township 27

51

Range 4 N.

W. Town of Russell

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Accessory Structure: [ 1- Story; Carport (23' x 15') = 345 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

July 12, 2018

Date

**Todd Norwood** 

Authorized Issuing Official

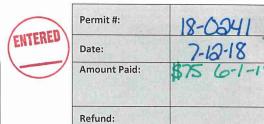
completed or if any prohibitory conditions are violated.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT A ND FEE TO:

**Bayfield County** Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT** BAYFIELD COUNTY, WISCONSIN





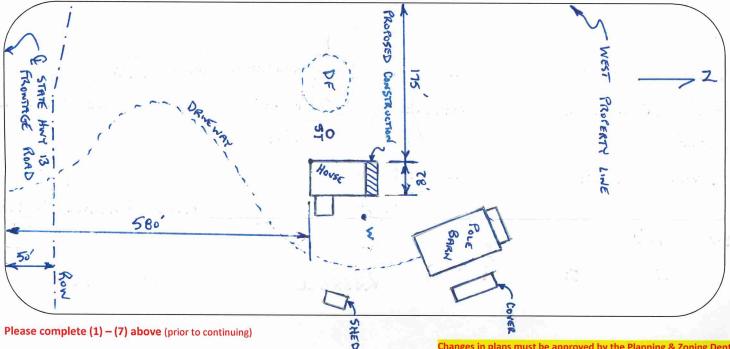
INSTRUCTIONS: No permits will be issued until all fees are paid.

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TYPE OF PERMIT REQUESTED → LAND USE SAI						A SUPERIOR OF THE PERSON OF TH	CONDITIO	NAL USE   SPEC	IAL USE	□ B.O.	A. 🗆 C	THER
Owner's Name:	1	4.				The state of the s	GLEN !	City/State/Zip:	0.166	LA	Telephon	e:
Address of Property:	,	ML	LEN			tate/Zip:	DRIVE	ACIMILIA 21	RINGS	70726	Cell Phon	0.
34050	ST.	Hwy	13	-3		FIELD, W	1 54	-814				93.527
Contractor:						•	Plumber:	•	-	9	Plumber I	Phone:
SELF					_			NA				
Authorized Agent: (Person Signing Application on behalf of Owner(s))  Agent Phone:  Agent Mailing Address (include City/State/Zip):  Written Authorizad  Attached												
PROJECT Tax ID# Recorded Docum									Document	☐ Yes		
LOCATION Legal Description: (Use Tax Statement) 79378								ALDEN & KATHERINE ALL				
5w 1/4,	WW	1/4	Gov't	Lot Lot(s)	CSI	VI Vol & Page	Lot(s)	No. Block(s) No.	Subdivision	on:		
						T	o an e					
Section	. <b>7</b> , to	ownship	_ <b>5</b> L_ r	N, Range <u>4</u>	_ w	Town of:	SSELL		Lot Size		Acreag	
			/	2001 . (1)							700	
				of Floodplain?		am (incl. Intermittent) escontinue	Distance S	Structure is from Sho	eline : feet	100 CO 100 CO 100 M	erty in in Zone?	Are Wetlands Present?
☐ Shoreland →	☐ Is Pr	roperty	/Land withir	1000 feet of Lal	ke, Pon	d or Flowage	Distance S	Structure is from Sho	eline :	i i	Yes	☐ Yes
-					If ye	escontinue>			feet	*	No	₩No
X Non-Shoreland						ж.						
Value at Time							# of		1071 - 1 T			Type of
of Completion * include		Proje	ct	# of Storie	s	Foundation	bedroom	s Sew	What Ty er/Sanita		n	Water
donated time & material							structure	Is	on the pr			on property
material	□ New	Const	ruction	1-Story		<b>≱</b> Basement	□ 1	☐ Municipal/	City			☐ City
s			Alteration	☐ 1-Story + I	Loft	K Foundation	<b>%</b> 2	☐ (New) Sanit				💢 Well
196,300		version	xisting bldg)	2-Story			. □ 3	Sanitary (E) Privy (Pit)				
1 , 10			ness on			Use	□ None				I 200 gallo	<u>n)</u>
	Prop	erty				☐ Year Round		☐ Compost To	ilet			
<u> </u>						K Simmer		None	•			
Proposed Constru		mit beir	ng applied fo	r is relevant to it	)	Length: 41.0		Width: 78	,		ight: ight:	14'
Troposcu constru	action.					rengun.		width.		пе	igiit.	14
Proposed Use	е	1				Proposed Structi						Square
						. oposeu structi	ire		0	imension	ns	Footage
	- 1					cure on property			(	Dimension X	ns )	Footage
X Residential I	r			e (i.e. cabin, hu		cure on property			(	X	) )	Footage
incolucition osc					nting s	cure on property			(	Х	) ) ) )	Footage
	Use			e (i.e. cabin, hu with Loft with a Porch with (2 <sup>nd</sup> ) Po	nting s	cure on property			(	X X X	) ) ) ) )	Footage
E	Use			e (i.e. cabin, hu with Loft with a Porch with (2 <sup>nd</sup> ) Po with a Deck	nting s	ture on property)			( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	X X X X X	) ) ) ) ) )	Footage
∫ ☐ Commercial				e (i.e. cabin, hu with Loft with a Porch with (2 <sup>nd</sup> ) Po	nting s orch	ure on property hack, etc.)				X X X X	) ) ) ) ) ) )	Footage
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Copy of Tax Statement

#### Fill Out in Ink – NO PENCIL

- (1) Show Location of:
- (2)
- Show Location of (\*): (3)
- (4)Show:
- (5) Show:
- (6)Show any (\*):
- (7) Show any (\*):
- **Proposed Construction** Show / Indicate: North (N) on Plot Plan
  - (\*) **Driveway**  $\underline{and}$  (\*) **Frontage Road** (Name Frontage Road)
  - All Existing Structures on your Property
  - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (\*) Wetlands; or (\*) Slopes over 20%



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent	Description	Measurement	
Setback from the <b>Centerline of Platted Road</b>	580	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	_	Feet
Setback from the Established Right-of-Way	530	Feet	Setback from the River, Stream, Creek	_	Feet
			Setback from the Bank or Bluff	_	Feet
Setback from the <b>North</b> Lot Line	740	Feet	*		
Setback from the <b>South</b> Lot Line	530	Feet	Setback from <b>Wetland</b>	_	Feet
Setback from the West Lot Line	175	Feet	20% Slope Area on the property	☐ Yes 🥡	No
Setback from the <b>East</b> Lot Line	1145	Feet	Elevation of Floodplain		Feet
			ELEVATION OF HOUSE	960	
Setback to Septic Tank or Holding Tank	150	Feet	Setback to Well	773	Feet
Setback to Drain Field	80	Feet			200000000000000000000000000000000000000
Setback to <b>Privy</b> (Portable, Composting)		Feet			

or to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 32	1546	# of bedrooms: 2	Sanitary Date: 4 / 10 / 2000				
Permit Denied (Date):	Reason for Denial:							
Permit #: 18-0041	Permit Date: 7-12	-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Recondance of Parcel   Yes (Parcel   Yes	ous Lot(s)) 🗏 No	Mitigation Required Mitigation Attached	☐ Yes 🌣 No ☐ Yes 🔀 No	Affidavit Required Affidavit Attached Yes No				
Granted by Variance (B.O.A.)  ☐ Yes No Case #:		Previously Granted by  Yes No		e #:				
Was Parcel Legally Created Was Proposed Building Site Delineated  ▼Yes □ No	Stakes	Were Property Line	es Represented by Owner Was Property Surveyed					
Inspection Record: Proposed addition was  However, that is a unpermitted  Pole boilding. New landeward w  Date of Inspection:	staked and carport type sty	appens look	e compliant.	Zoning District ( A61 )  Lakes Classification ( )				
6/24/18	lodd	NOWWOOD		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? I Yes I No - (If No they need to be attached.)  Proposed addition Myst meet and maintain setbooks. Necessary UDC requirements and Permits must be obtained.								
Signature of Inspector: Lord Norwood				Date of Approval: 6 28 18				
Hold For Sanitary:	Hold For Affic	davit: 🗆	Hold For Fees: 🗆	X ATT permit				
- ATF Fee Waived Since	Alden just pu	ichased the	property					
ON Car Por	t fermit	H BRINE	and wain					

## cíty, Village, State or Federal May Also Be Required

AND USE - X **SANITARY - 324546** SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

18-0241

Issued To:

Alden & Katherine Allen

Location: SW 1/4 of NW 1/4 Section

27

Township

51

Range 4 N.

Town of Russell W.

Less 2 A Par in SW Cor

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Addition / Alteration: [ 1- Story; Enlarge Bedrooms (8' x 28') = 224 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Proposed additions must meet and maintain setbacks. Necessary UDC requirements and permits must be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

### **Todd Norwood**

**Authorized Issuing Official** 

July 12, 2018

Date